

HIV/AIDS CONDOM SUPPLY ORDER FORM

**Complete all BLUE fields

| | |
|------------------------|--|
| Deliver To: | |
| Contact Person: | |
| Email: | |
| Address: | |
| Phone: | |
| Date: | |

| Condom Types | # of Box/Bags | Total Condom Count | TOTAL ORDER |
|--|---------------|--------------------|-------------|
| Male Lubed Condoms (250 ct./box) | | 0 | 0 |
| Male Non-Lubed Condoms (125 ct./bag) | | 0 | 0 |
| Female Condoms (100 ct./bag) | | 0 | 0 |
| Asst Flavor Lubed Male Condoms (125 ct./bag) | | 0 | 0 |
| XL Male Condoms (126 ct. /bag) | | 0 | 0 |
| Total condom count in your order = | | 0 | |

Please estimate the number of condoms to be distributed to the following populations. *The number for this portion would be the numbers in the Total Condom Ct. area, take the total number in that area and allocate it in the THREE areas below.* **ORDERS WILL NOT BE FILLED UNLESS THIS INFORMATION IS COMPLETED CORRECTLY**

| | |
|------------------------------------|----------|
| High Risk Negatives/Unknown | |
| HIV + Individuals | |
| General Population | |
| TOTAL = | 0 |

Numbers in **PURPLE must match exactly

Please submit this order form electronically to:
 Diane Kennedy at dikennedy@pa.gov
and cc Glendaly Maldonado@pa.gov

| PA DOH Use Only (below) | |
|-------------------------|--------------------|
| Date Received: _____ | Received By: _____ |
| Order Date: _____ | |